

COMMUNITY & SOCIAL SERVICES
City of Knoxville Community Agency Grant Application
Funding Period: July 1, 2018-June 30, 2019

DEADLINE: FRIDAY, FEB. 23, 2018 AT 4 P.M.
(Late applications will not be considered.)

INSTRUCTIONS

BOTH A PRINTED AND AN ELECTRONIC VERSION MUST BE SUBMITTED.

If hand delivering please allow time to park and go through security.

Printed Submission:

Submit one printed copy of Application with Attachments 1, 2 and 3. Submit Attachments 4, 5, 6 and 7 in digital format only. NO STAPLES, TABS OR SPIRAL BINDINGS.

Mail* or Hand Deliver to:

City of Knoxville Mayor
Attn: Indya Kincannon
400 Main Street, Suite 691
Knoxville, TN 37902

***If mailing, must be postmarked
no later than Feb. 23, 2018**

Electronic Submission:

Email Application and ALL Attachments to:

ikincannon@knoxvilletn.gov

We cannot receive attachments that exceed 12MB so it may be necessary to send multiple emails. Please include your organization's name on all digital file names.

Notification:

We will make every effort to notify applicants upon receipt of an application, but ultimately it is the applicant's responsibility to confirm receipt before the deadline.

Check List

Completed Application *(Submit one printed copy, one digital copy)*

Attachment 1: Most Recent One Page Financial Statement *(Submit one printed copy, one digital copy)*

Attachment 2: Operating Budget for Current Year *(Submit one printed copy, one digital copy)*

Attachment 3: Current List of Board Members *(Submit one printed copy, one digital copy)*

Attachment 4: Articles of Incorporation (Charter) *(Submit digital only)*

Attachment 5: 501(c)(3) Certificate *(Submit digital only)*

Attachment 6: Most recent IRS 990 *(Submit digital only)*

If organization is not required to file a 990, submit a letter explaining why.

Attachment 7: Most recent independent audit *(Submit digital only)*

If organization has not conducted such an audit, submit a letter explaining why.

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PART I: AGENCY INFORMATION

Agency Name: _____

Executive Director: _____

Mailing Address: _____

Physical Address: _____

Phone: _____ Fax: _____ E-Mail: _____

Alternate phone number (not the office number): _____

EIN (Federal Tax ID) Number: _____

Amount of City funds requested: ☐ Capital ☐ Operating \$ _____

(Note: If you are requesting both Capital & Operating funds, please complete two (2) separate applications)

PART II: PROGRAM INFORMATION

A. Describe the overall or general purpose of your agency. (Please limit your response using only the space provided below.)

B. Provide the following information about your clients based on your most recent data. Information current as of (date) _____.

RESIDENCE OF CLIENTS SERVED	NUMBER
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City of Knoxville	
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Knox County (outside city limits)	
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Adjoining counties	
--------------------	--

TOTAL	
-------	--

C. Identify specifically what you seek to accomplish with the requested funds and how this will help you achieve your organizational goals.

D. Describe the impact city funds would have on your organization.

E. Describe the impact your organization has on the quality of life for citizens of the City of Knoxville.

F. List grants received from the City of Knoxville since 2007 (please include year and amount).

G. Provide the following information about your board of directors, staff and clients:

Distribution	Female		Male		African American		Caucasian		Hispanic		Native American		Other	
Total Number (#) Percent (%)	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Board														
Staff														
Clients														

PART III: FINANCIAL INFORMATION

A. List your agency's principal sources of funding including corresponding percentages of Budget:

- | | | | |
|--|----------|--------|--------------------------|
| <input type="checkbox"/> United Way | \$ _____ | Amount | _____ % of Annual Budget |
| <input type="checkbox"/> Knox County | \$ _____ | Amount | _____ % of Annual Budget |
| <input type="checkbox"/> Foundation Monies | \$ _____ | Amount | _____ % of Annual Budget |
| <input type="checkbox"/> Federal | \$ _____ | Amount | _____ % of Annual Budget |
| <input type="checkbox"/> Grant Monies | \$ _____ | Amount | _____ % of Annual Budget |
| <input type="checkbox"/> State of Tennessee | \$ _____ | Amount | _____ % of Annual Budget |
| <input type="checkbox"/> Other General
Sources of Funding | \$ _____ | Amount | _____ % of Annual Budget |
| <input type="checkbox"/> Other County/City
Departments | \$ _____ | Amount | _____ % of Annual Budget |

B. Provide the following budget expense information for the current year:

PERSONNEL (SALARIES/BENEFITS)	_____ % of Annual Budget
OPERATIONS (RENT, UTILITIES, SUPPLIES, MAINT.)	_____ % of Annual Budget
PROGRAMS	_____ % of Annual Budget
OTHER	_____ % of Annual Budget

PART IV. CERTIFICATION

As the chief executive officer of this agency, I certify that the above information is true and complete to the best of my knowledge and belief; I further certify that this agency shall comply with the following applicable regulations: President's Executive Order No. 11246 and 11375 which prohibit discrimination in employment regarding race, color, religion, sex or national origin; Title VI of the Civil Rights Act of 1964; Copeland Anti-Kick Back Act; the Contract Work Hours and Safety Standards Act, Section 402 of the Vietnam Veterans Adjustment Act of 1974; Section 503 of the Rehabilitation Act of 1973; and the Americans with Disabilities Act of 1990.

I further agree that any funds received in response to this grant application will be used for the purposes for which they were requested and that the donee organization will comply with the procedures and requirements set forth in this application. Any donated funds not used for their specified purpose must be returned to the City of Knoxville.

Signature of Executive

Date

Signature of Board President or Chair

Date

CITY OF KNOXVILLE

Assurance of Compliance under Title VI of the Civil Rights Act of 1964

Name of Applicant

HEREBY AGREES THAT it will comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and all requirements imposed by the City of Knoxville, and any directives or regulations issued pursuant to that Act and the Regulations, to the effect that, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subject to discrimination under any program or activity for which the Applicant received financial assistance from the City of Knoxville; and **HEREBY GIVES ASSURANCE THAT** it will immediately take any measures necessary to effectuate this agreement.

This Assurance is given in consideration of and for the purpose of obtaining any and all City administered federal financial assistance, grants and loans of City funds, reimbursable expenditures, grant or donations of City property and interest in property, the detail of City personnel, the sale and lease of, and the permission to use, City property or interest in such property or the furnishing of services without consideration or at a nominal consideration, or at a consideration which is reduced for the purpose of assisting the recipient, or in recognition of the public interest to be served by such sale, lease, or furnishing of services to the recipient or any improvement made with City financial assistance extended to the Applicant by the City.

BY ACCEPTING THIS ASSURANCE, the applicant agrees to compile data, maintain records, and submit reports as required to permit effective enforcement of Title VI. If there are any violations of this assurance, the City shall have the right to recommend corrective actions or seek administrative enforcement of this assurance, up to and including termination of federal funds.

This assurance is binding on the applicant, its successors, transferees, and assignees as long as it receives assistance from the City. In the case of real property, this assurance is binding for as long as the property is used for a purpose for which assistance was intended or for the provision of services or benefits similar to those originally intended. In the case of personal property, this assurance applies for as long as the recipient retains ownership or possession of the property. The person or persons whose signatures appear below are authorized to sign this assurance on the behalf of the applicant.

Date

Applicant Name Printed

Applicant Signature